ewell by RNG/XA

Entered - 09/06/00 - sb CL00L0529 - DIANNE C. MITCHELL

CLAIM OF: DEBORAH KAREN PASCHAL 2216 Polar Rock Avenue, SW Atlanta, Georgia 30315

For damages alleged to have been sustained as a result of property damage due to sewer back ups at 641 Erin Avenue, SW occurring between 1997 and July, 2000.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **DEBORAH KAREN PASCHAL** the sum of \$1,351.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of property damage due to sewer back ups at 641 Erin Avenue, SW occurring between 1997 and July, 2000 as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD

CITY ATTORNEY

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. 00L0529 | Date: | November 15, 2000 |
|--|---------------------------|------------------------------------|
| Claimant /Victim DEBORAH KAREN PASCH | A T | |
| RV: (Atty) (Inc. Co.) | 1L | |
| BY: (Atty) (Ins. Co.) Address: 2216 Polar Rock Avenue, SW. Subrocation: Claim for Property demand S. | Atlanta Georgia 20215 | |
| Subrogation: Claim for Property damage \$ | 1 351 00 Rod | ily Injumy S |
| Date of Notice: 08/22/00 Method: Written, proper | X | Improper |
| Conforms to Notice: O.C.G.A. §36-33-5 X | Ante I item | (6 Ma) Y |
| Date of Occurrence 1997 through July, 2000 Place: | 641 Frin Avenue SW | Ant 3 |
| Department Public Works | Division: Sawa | r Operations |
| Department Public Works Employee involved | Disciplinary Action: | 1 Operations |
| Zimprojee inverved | Disciplinary Action. | |
| NATURE OF CLAIM: The claimant's personal proper | ty was damaged due to s | several occurrences of sever healt |
| ups. The sewer back ups were determined to have been | the result of a broken se | ever line which the City has been |
| on notice of since April 28, 2000. The most recent sew | er back up in July 2000 | caused the damages the element |
| is seeking recovery for in this claim. | or odek up in July, 2000 | caused the damages the claimant |
| Section of the state of the sta | | |
| INVESTIGATION: | | |
| | | |
| Statements: City employee Claimant Pictures X Diagrams Reports: Police Traffic citations issued: City Driver | Others Wr | itten Oral |
| Pictures X Diagrams Reports: Police | Dent Report | Y Other |
| Traffic citations issued: City Driver | Claimant Driver | Oulei |
| Citation disposition: City Driver | Claimant Driver | |
| Chairon disposition. City Dilver | Claimant Driver | |
| BASIS OF RECOMMENDATION: | | |
| | | |
| Function: Governmental X | Ministerial | |
| Function: Governmental X Improper Notice More than Six Months | Other I | Jamages reasonable V |
| City not involved Offer reject | d Compro | mise settlement |
| Repair/replacement by Ins. Co. | Renair/renlacement by | City Forces |
| Claimant Negligent City Negligent X | _Repair/replacement by | Toim Abandanad |
| Chammant regrigent City regrigent | | Jaim Abandoned |
| | Respectfully submit | tod |
| _ | | |
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| | \rightarrow | / ///) |
| | (1)/(// | and Com |
| | ANVECTICATOR | DIADNE C MECKELI |
| | /INVESTIGATOR - | DIANNE C. MITCHELL |
| RECOMMENDATION: | | |
| THE COMMENDATION. | | |
| Pay \$ 1,351.60 Adverse | againt ahang J. 1401 | 2101 W 21101 |
| Claims Manager: | count charged: 1A01_ | 2J01 X 2H01 |
| Committee Action: | Concur/date | |
| Committee Action. | _Council Action | |
| | | |

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 RE: CLAIM FOR DAMAGES

5 09/05/00 Gula 15. 2000

| | VoriZ-00203: | SP RUVO | |
|---|--|---|-------------|
| Dear Municipal Clerk: | ENTERED - 9-6-00 00L0529 - DIANNE | MITCHELL | |
| This is to notify the City of Atlanta that I has \$ bodily injury for which I | ve suffered damages in the amount surcontend the City is liable. | n of \$ property and | d /or |
| 1. Date of incident:(month/day/year). | | | lo |
| 4. Location of incident (including street addr | | | 8031C |
| 5. Name of your insurance company: | <u> </u> | Policy No. | |
| 6. State what and how incident occurred: | | | |
| | | een flooded an | |
| carpeting, funds | Furniture, Clayhia | a shoes formills | |
| Hobbott have h | eun surly so | Deron el volume. | 1-7 |
| 7. ALL ESTIMATES AND DAMAGES ARI RESULT IN YOUR CLAIM BEING DEN | E SUBJECT TO INSPECTION. THE NIED AND MAY RESULT IN CRIMI | MAKING OF FALSE CLAIMS WILL NAL PROSECUTION! | attachn |
| 8. The registered owner must make the clain repair and proof of ownership of your ve | n for vehicle damages, complete the fo hicle (copy of the current tag receipt o | llowing and attach two (2) estimates of or title). | , |
| • | | | |
| Your vehicle: | | | |
| - | (Year) (Tag Number) | (Driver's Name) | |
| Your vehicle:(Make) City vehicle: | | (Driver's Name) | |
| Your vehicle:(Make) | (Year) (Tag Number) (City Driver's Name) | | |
| Your vehicle:(Make) City vehicle: | | (Driver's Name) | |
| Your vehicle:(Make) City vehicle:(Make) 9. Witness: | (City Driver's Name) (Address) way waives the sovereign immunity of | (Driver's Name) (Department/Bureau) (Telephone Number) f the City of Atlanta, as granted by | |
| Your vehicle: (Make) City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgement of this claim in no | (City Driver's Name) (Address) way waives the sovereign immunity of ity on behalf of the City of Atlanta and | (Driver's Name) (Department/Bureau) (Telephone Number) f the City of Atlanta, as granted by | |
| Your vehicle: (Make) City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgement of this claim in no State law, nor is it an admission of liability. 11. This claim should be mailed immediately. I HEREBY SWEAR OR AFFIRM THA | (City Driver's Name) (Address) way waives the sovereign immunity of ity on behalf of the City of Atlanta and to the address shown above. TTHE ABOVE | (Driver's Name) (Department/Bureau) (Telephone Number) f the City of Atlanta, as granted by | <u></u> |
| Your vehicle: (Make) City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgement of this claim in no State law, nor is it an admission of liability. 11. This claim should be mailed immediately | (City Driver's Name) (Address) way waives the sovereign immunity of ity on behalf of the City of Atlanta and to the address shown above. TTHE ABOVE | (Driver's Name) (Department/Bureau) (Telephone Number) If the City of Atlanta, as granted by 1/ or its employee(s). | <u></u> |
| Your vehicle: (Make) City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgement of this claim in no State law, nor is it an admission of liability. 11. This claim should be mailed immediately. I HEREBY SWEAR OR AFFIRM THA INFORMATION IS TRUE AND CORR. Signature of Claimant. | (City Driver's Name) (Address) way waives the sovereign immunity of ity on behalf of the City of Atlanta and to the address shown above. TTHE ABOVE | (Driver's Name) (Department/Bureau) (Telephone Number) If the City of Atlanta, as granted by 1/ or its employee(s). | <u></u> |
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damaged because just outside of my back door is a sterm drain that over flows when ever it rains. Water backs Tram my bathroom Stoer water Stow Greely sonto my bathroom floor into my childrens bedroom, into my hallway and my bedroom. Water penetrates the outer exterior wall of my apartment ef my childrens bedroom. Due to the floors betting wet so often shows, clothes, furnishuro and confessing have been ruined. Because of the smell of the corpet that wet I have Kad to here out of my apartment for a sew days à couple et time because my children, ages 4+5 have asthma and the smells were making them sick, so when the flooding was so bad that it was not going to dry in a day or 50 D would wire out

For a few days.

In your claim form you are asking for the date of the invident, there have been 500 many times in the /ast 2/2 years that I don't have specific date, but

you can check with your affice of Jewers, Mr. Larenzo Calahan's athere should have dates and time of these incidents for I have Called his office enery time the flooding occurs. Wh. Wose From the same office has viewed the damage in porson. I have also told mr. Carl Williams about the Glooding. Please contact them for dates and times at 404-658-7305. You are also asking for a \$ figure on the damages. \$219,0 2 four drawer dressers 1 clother chast 97.5 280. 🕮 10 heavy quilts 108. 12 large bath towels 3 sets of both room floor mats + rugs 60.00 1 hover vaccuum cleaner 87.00 boys & girls clothes & show carpet For my childrens room, hallway of Part of my bedroom, ballway then tilp above I have listed the items that were lost and damaged. I don't know the cost of the carpeting, you may contact Mr. Custis Anthurton at 185 Bromack Dr. S.E., Manda, 303/5 404-627-0930, lois the owner

Sept.

Of the apartments at 64/ Erin Rue 5.W. Ah. Anthurton will be able to give you the cost of replacing the carpet.

Of you have any questions please contact me Deborah X. Paschal at 404-622-3823.

Details. Paschao